PRINTED: 05/11/2020 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ C B. WING IL6006647 03/03/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2222 WEST 14TH STREET **ELEVATE CARE WAUKEGAN** WAUKEGAN, IL 60085 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRFFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S 000 Initial Comments S 000 Licensure Findings Complaint Investigation #2011609/IL120618, #2011646/IL120662 \$9999 Final Observations S9999 Licensure Findings 300.1210a)b)d)6) 300.3240a) Section 300.1210 General Requirements for Nursing and Personal Care a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act) b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological Attachment A well-being of the resident, in accordance with Statement of Licensure Violations each resident's comprehensive resident care

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

plan. Adequate and properly supervised nursing care and personal care shall be provided to each

Electronically Signed

TITLE

(X6) DATE 03/11/20

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The findings include:

This applies to 1 of 3 residents (R2) reviewed for safety and supervision in the sample of 6.

R2's care plan dated January 29, 2020 showed R2 was nonverbal with a tracheostomy in place and is severely cognitively impaired. R2 is unable Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED				
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to move his extrem his diagnoses of scerebral aneurysm and persistent veg also showed R2 restaff" for bed mobi "use caution during prevent striking and any sharp or hard. R2's resident assessive 2020 showed R2 vegersons" for bed modern R2's Injury of Unkrestructure for bed modern R2's hospital Emeter February 27, 2020 found to have disconstituted bruising of his left shoulder. R2's hospital Emeter February 27, 2020 sent to the hospital bruising of his left sleft shoulder radiol 27, 2020 at 9:57 Perimpacted fracture mildly displaced observational left hume. On March 2, 2020 bed with a splint unwrapped with cotton R2's left shoulder veget scattered purple bearound R2's left shoulder veget serve and resident server. On March 2, 2020	nities independently related to ubarachnoid hemorrhage, chronic respiratory failure, etative state. The care plan quired "total assistance of 2 lity and transfers as well as g transfers and bed mobility to ms, legs, and hands against surface." ssment dated January 13, was totally dependent on "2+ hobility. Hown Origin report dated (untimed) showed R2 was ploration and swelling to his left at 9:34 PM showed R2 was lifor an evaluation due to shoulder/upper arm area. R2's pay findings dated February M showed, "1. Acute mildy of left humeral neck. 2. Acute dique fracture through the	\$9999						

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Practitioner/NP). That shoulder swelling was new for him and I got no report of an injury or swelling

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S9999	9 Continued From page 4		S9999								
	to (R2's) left should morning. We order On March 2, 2020 a Practitioner stated, February 27, 2020 left shoulder. Upon shoulder and upper bruising noted to his so I ordered a STAT shoulder. The X-ra believe (R2) has so (R2) has never had have never seen his Usually some force fracture like this (im	er from the night nurse that red an X-ray right away." at 11:20 AM, V3 Nurse "I was asked to see (R2) on because of the swelling to his a examinination, (R2's) left arm was swollen with a left shoulder and armpit area if (immediate) X-ray of his y showed a fracture but I me bone density disease. a fracture like this before. I m move his arms or legs at all. has to be applied to cause a spacted, displaced) even if the type of bone density disease.									
	stated, "(R2) hasn't We stopped getting from (V2 Director of shoulder fracture habittle bones and hafor 5 years. My conhappened when the because he doesn't supposed to reposit they usually have jubecause they are alseen this happen much on March 3, 2020 a Physician Assistant With that said, it wo applied to (R2's) lef fracture. That force	at 1:10 PM, V10 Family of R2 gotten out of bed in years. I him up years ago. I got a call f Nursing) and she told me his appened because he has as been in the nursing home acern is that something by were moving him in bed move himself at all. They are at the ion him with 2 people and lest one person roll him ways short staffed. I have leany times when visiting (R2)." at 2:10 PM, V21 Orthopedic stated, "(R2) is osteopenic, and take some type of force to shoulder to have caused the could have easily been from the ion of the recommendation." V21 stated he collow the facility's									

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